



**pdd**wealthmanagement

# Client Profile

## Private and Confidential

Client 1 \_\_\_\_\_

Client 2 \_\_\_\_\_

Adviser \_\_\_\_\_

Address 1B / 14 Short Street, PORT MACQUARIE NSW 2444

Date: \_\_\_\_\_

**GWM Adviser Services Limited**  
**Trading as**  
**Garvan Financial Planning**  
**ABN 96 002 071 749**  
**Australian Financial Services Licensee 230692**  
**Registered Office at 105 – 153 Miller Street North Sydney NSW 2060**

### Important Notice to Clients

In order for us to provide financial planning advice to you, we need to have a reasonable basis for that advice. The information requested in this Client Profile is one of the tools we use to establish a basis for the advice we will provide. It is therefore important for you to complete this document as accurately and fully as possible. Failure to do so could result in advice being provided that is not appropriate to your individual needs, circumstances and objectives.

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# Section 1 - Financial planning and you

*To help you achieve the things that are most important to you we need to ask you some questions to gain a better understanding of your situation today and the personal and financial goals you have for the future.*

Briefly outline your reasons for seeking financial advice.

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## Your Lifestyle Goals and Objectives – What’s important to you?

What plans or goals would you like to achieve? (eg. Holiday, purchase a house, boost retirement savings, asset protection)

Please rank in order of priority (very low, low, moderate, high, very high)

Detail of Goal	Target Date	Priority	Estimated Cost (if Applicable)
	/ /		\$
	/ /		\$
	/ /		\$
	/ /		\$
	/ /		\$
	/ /		\$
	/ /		\$
	/ /		\$
	/ /		\$

Are there any issues that we need to take into consideration that may affect you achieving your goals?

Eg. health, job security, aging parents

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Have you had any previous experience with Financial Planning and what level of engagement would you like to have with your adviser?

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In what particular areas are you seeking advice?

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Managing my income and everyday spending                   | <input type="checkbox"/> Managing my debt (Mortgage, Investment Loans, Credit Cards) | <input type="checkbox"/> Protection of my family and assets                |
| <input type="checkbox"/> Investment Advice (Shares, Managed Funds, Direct Property) | <input type="checkbox"/> Gearing   | <input type="checkbox"/> Entity Advice (SMSF, Company, Trust, Partnership) |
| <input type="checkbox"/> Planning for Retirement (Superannuation and Pensions)      | <input type="checkbox"/> Estate Planning   | <input type="checkbox"/> Social Security                                   |

Base on the areas of advice you are seeking, you can elect to just complete the required sections as detailed below:

Sections to complete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Area	1	2a	2b	2c	2d	2e	2f	2g	3
Managing my income and everyday spending	✓	✓		✓					✓
Managing my debt (Mortgage, Investment Loans, Credit Cards)	✓	✓		✓					✓
Protection of my family and assets	✓	✓		✓					✓
Investment Advice (Shares, Managed Funds, Direct Property)	✓	✓		✓	✓				✓
Gearing	✓	✓		✓	✓				✓
Entity Advice (SMSF, Company, Trust, Partnership)	✓				✓		✓		✓
Planning for Retirement (Superannuation and Pensions)	✓	✓	✓		✓				✓
Estate Planning	✓		✓	✓				✓	✓
Social Security	✓	✓							✓

Additional notes and considerations:

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Please indicate any preferences you have in relation to product costs and features/benefits, keeping in mind there may be a trade-off between the two

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I don't have any preferences

Adviser Notes (Mandatory)

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## Your Personal information

	Client 1	Client 2
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other: ____	<input type="checkbox"/> Mr <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other: ____
Surname	_____	_____
Given Names	_____	_____
Preferred Name	_____	_____
Date of Birth	_____ / ____ / ____	_____ / ____ / ____
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Marital Status/Relationship	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Defacto <input type="checkbox"/> Divorced <input type="checkbox"/> Engaged <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Defacto <input type="checkbox"/> Divorced <input type="checkbox"/> Engaged <input type="checkbox"/> Separated <input type="checkbox"/> Widowed
Are you a permanent Australian resident for tax purposes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Your contact details

	Client 1	Client 2
Residential Address	_____	_____
Postal Address (if different from above)	_____	_____
<input type="checkbox"/> Tick if same as above	_____	_____
Home Phone	_____	_____
Home Email	_____	_____
Mobile	_____	_____
Phone Other	_____	_____
Email Other	_____	_____
Preferred Contact Method	<input type="checkbox"/> Mobile <input type="checkbox"/> Phone Other <input type="checkbox"/> Email	<input type="checkbox"/> Mobile <input type="checkbox"/> Phone Other <input type="checkbox"/> Email

### Private Health Cover

You didn't provide any details – If not applicable place comments

	Client 1	Client 2
Do you have private health Insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please indicate the type of cover you have	_____	_____

### Hobbies and Interests

	Client 1	Client 2
Do you have any hobbies or interests?	_____	_____
Notes	_____	_____
	_____	_____

# Dependants

e.g. Parents, Children

Name	Relationship	Date of Birth	Financial Dependant?	Until what age
_____	_____	____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Do any of your children/dependants receive a government allowance?  Yes  No

Are any of your children/dependants studying full-time?  Yes  No

Please indicate the school your child/dependant is attending/likely to attend and estimated annual cost

<input type="checkbox"/> Private	School & Cost: _____
<input type="checkbox"/> Public	
<input type="checkbox"/> Boarding	

Have any of your children/dependants been diagnosed with an illness or have any disabilities?  Yes  No

If "yes" to above, please provide details \_\_\_\_\_

Additional Information \_\_\_\_\_

# Employment Details

	Client 1	Client 2
Occupation	_____	_____
Position title	_____	_____
Name of employer	_____	_____
Employment Status	<input type="checkbox"/> Full Time <input type="checkbox"/> Contractor <input type="checkbox"/> Part Time <input type="checkbox"/> Home maker <input type="checkbox"/> Casual <input type="checkbox"/> Retired <input type="checkbox"/> Self Employed <input type="checkbox"/> Not Employed	<input type="checkbox"/> Full Time <input type="checkbox"/> Contractor <input type="checkbox"/> Part Time <input type="checkbox"/> Home maker <input type="checkbox"/> Casual <input type="checkbox"/> Retired <input type="checkbox"/> Self Employed <input type="checkbox"/> Not Employed
Start date with current employer	____/____/____	____/____/____
Do you intend to change employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If <b>Yes</b> , provide date of when	____/____/____	____/____/____
Available Leave Entitlements	_____ days Annual Leave	_____ days Annual Leave
	_____ days Long Service Leave	_____ days Long Service Leave
	_____ days Sick Leave	_____ days Sick Leave
	_____ Other	_____ Other
Will you be receiving an Employer Termination Payments (Redundancy / Retirement / Resignation) in the near future?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If "yes", please complete the Supplementary Form "Employer Termination Payments". Your Adviser can provide this to you.

# Your current financial position

## Non-Investment Assets

	Owner (Client 1, Client 2, Joint, Tenants in Common)	Estimated present market value	Purchase Date	Details	Is there a loan amount? (If yes, please complete the liabilities section)	
Principal Home	_____	\$ _____	____ / ____ / ____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Home Contents	_____	\$ _____	____ / ____ / ____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Motor vehicle 1	_____	\$ _____	____ / ____ / ____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Motor vehicle 2	_____	\$ _____	____ / ____ / ____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Boat/Marine Equipment	_____	\$ _____	____ / ____ / ____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Caravan	_____	\$ _____	____ / ____ / ____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Non-income producing Real Estate (Holiday Home, Vacant Land)	_____	\$ _____	____ / ____ / ____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Valuables (Collectables, Art, Antiques, Jewellery)	_____	\$ _____	____ / ____ / ____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other assessable assets for Centrelink purposes (eg. Gifts)	_____	\$ _____	____ / ____ / ____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other Assets	_____	\$ _____	____ / ____ / ____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other Assets	_____	\$ _____	____ / ____ / ____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other Assets	_____	\$ _____	____ / ____ / ____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Total Non-Investment Assets</b>		<b>\$ _____</b>				

Additional Information

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## Investment Assets

Enter all existing investments including cash and bank accounts, managed funds, shares, etc. For Ownership, specify the manner of ownership (solely owned, joint tenants or tenant-in-common) and the name of the owner or owners. Do not include the principal home, superannuation or retirement income stream products.

Investment Description (Managed Funds*, Shares*, Direct Property^)	Owner (Client 1, Client 2, Joint, Tenants in Common)	Units/No. of Shares	Current Value	Purchase Price	Date Purchased	Is there a loan amount? (If yes, please complete the liabilities section)		Would you like to Redeem / Sell this Investment	
_____	_____	_____	\$ _____	\$ _____	____ / ____ / ____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	\$ _____	\$ _____	____ / ____ / ____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	\$ _____	\$ _____	____ / ____ / ____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	\$ _____	\$ _____	____ / ____ / ____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	\$ _____	\$ _____	____ / ____ / ____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	\$ _____	\$ _____	____ / ____ / ____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	\$ _____	\$ _____	____ / ____ / ____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	\$ _____	\$ _____	____ / ____ / ____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	\$ _____	\$ _____	____ / ____ / ____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	\$ _____	\$ _____	____ / ____ / ____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

\*Please attach a copy of the most recent CHES holding statement, share records or other statements.

^Please complete the Investment Property Details in "Section 2e – Direct Property" of this document



# Your liabilities

Description	Outstanding Loan Amount	Lender Name	Owner (Client 1, Client 2, Joint)	Loan Type (P&I or I)	Interest Rate	Fixed (F) or Variable (V)	Repayments	Frequency	Tax Deductible
Principal Home	\$ _____	_____	_____	_____	_____ %	_____	\$ _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Car Loan	\$ _____	_____	_____	_____	_____ %	_____	\$ _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Personal Loan	\$ _____	_____	_____	_____	_____ %	_____	\$ _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Credit Cards	\$ _____	_____	_____	_____	_____ %	_____	\$ _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Investment Line of Credit	\$ _____	_____	_____	_____	_____ %	_____	\$ _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Investment Loan	\$ _____	_____	_____	_____	_____ %	_____	\$ _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other	\$ _____	_____	_____	_____	_____ %	_____	\$ _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other	\$ _____	_____	_____	_____	_____ %	_____	\$ _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other	\$ _____	_____	_____	_____	_____ %	_____	\$ _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Are you able to draw/redraw on any of the above loan facilities or do you currently have funds available to invest that are drawn from loan facilities?

Yes  No

If yes, please provide details:

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## Income Summary

To assist in completing this section, we have a more detailed Cash Flow Budget Supplementary Form. Your Adviser can provide this for you.

Before-tax income	Client 1	Client 2
Salary/wages/earnings	\$ p.a.	\$ p.a.
Interest/Dividends/Trust Distributions	\$ p.a.	\$ p.a.
Government support	\$ p.a.	\$ p.a.
Superannuation pension/Age Pension/Veterans' Affairs	\$ p.a.	\$ p.a.
Other Income e.g. Rental, Family allowance, Child maintenance	\$ p.a.	\$ p.a.
<b>Total annual before-tax income</b>	<b>\$</b>	<b>\$</b>
<b>Combined total annual before tax income</b>	<b>\$</b>	<b>\$</b>

**Notes** (Salary packaging details, bonus details, business income, child maintenance)

Do you wish to disclose your Tax File Number to your adviser? Client 1  Yes  No  
 Client 2  Yes  No

**Note: If you wish to disclose your Tax File Number, it will be necessary to complete and sign the "Option to Quote Tax File Number" that your Adviser will provide for you.** (Tick if completed)

## Expense Summary

Expense	Monthly	Annually
Taxes	\$	\$
Long-term Debt (mortgage payments, car loans, etc)	\$	\$
Short term Debt (credit cards)	\$	\$
Super Contributions	\$	\$
Housing (Maintenance)	\$	\$
Utilities (Gas, electricity, water)	\$	\$
Car Expenses	\$	\$
Food	\$	\$
Insurance (Life, Health, Income Protection)	\$	\$
Health Care (Doctor, Dental, Pharmacy)	\$	\$
Personal Care (Clothing, Hairdressing, etc)	\$	\$
Entertainment (Holidays, movies, etc)	\$	\$
Other Expenditure	\$	\$
<b>Total Expenses</b>	<b>\$</b>	<b>\$</b>

# Savings

	Client 1		Client 2	
Are you currently saving for something in particular? If :“yes” what are you currently saving for and how much do you save per month?	\$ _____ per month		\$ _____ per month	
Do you anticipate any changes (either an increase or decrease) in your expenditure over the next 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If “yes” please provide details	_____		_____	
Are you comfortable meeting your current mortgage or other debt repayments?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If “no”, please provide details	_____		_____	
Additional information	_____		_____	
	_____		_____	
	_____		_____	

# Existing Superannuation

	Client 1		Client 2	
	Fund 1	Fund 2	Fund 1	Fund 2
Fund/Product Name	_____		_____	
Fund Type	<input type="checkbox"/> Accumulation <input type="checkbox"/> Defined Benefit	<input type="checkbox"/> Accumulation <input type="checkbox"/> Defined Benefit	<input type="checkbox"/> Accumulation <input type="checkbox"/> Defined Benefit	<input type="checkbox"/> Accumulation <input type="checkbox"/> Defined Benefit
Current Balance	\$ _____		\$ _____	
Underlying Investment Options	<input type="checkbox"/> Cap Guaranteed <input type="checkbox"/> Cap Secure <input type="checkbox"/> Cap Stable <input type="checkbox"/> Balanced <input type="checkbox"/> Growth <input type="checkbox"/> Custom	<input type="checkbox"/> Cap Guaranteed <input type="checkbox"/> Cap Secure <input type="checkbox"/> Cap Stable <input type="checkbox"/> Balanced <input type="checkbox"/> Growth <input type="checkbox"/> Custom	<input type="checkbox"/> Cap Guaranteed <input type="checkbox"/> Cap Secure <input type="checkbox"/> Cap Stable <input type="checkbox"/> Balanced <input type="checkbox"/> Growth <input type="checkbox"/> Custom	<input type="checkbox"/> Cap Guaranteed <input type="checkbox"/> Cap Secure <input type="checkbox"/> Cap Stable <input type="checkbox"/> Balanced <input type="checkbox"/> Growth <input type="checkbox"/> Custom
Have you made any non-concessional contributions this Financial Year? If yes, how much?	\$ _____		\$ _____	
Have you made any non-concessional contributions in the Last Financial Year If yes, how much?	\$ _____		\$ _____	
Have you made any non-concessional contributions the Previous Financial Year? If yes, how much?	\$ _____		\$ _____	

\* PLEASE PROVIDE A COPY OF YOUR MOST RECENT STATEMENT(S)

# Pension / Term Allocated Pensions

(Superannuation Pensions, Allocated Pensions, Term Allocated Pensions)

	Client 1	Client 2
Product/Fund Name	_____	_____
Pension Type	<input type="checkbox"/> Pension <input type="checkbox"/> Allocated <input type="checkbox"/> Term Allocated	<input type="checkbox"/> Pension <input type="checkbox"/> Allocated <input type="checkbox"/> Term Allocated
Current Balance	\$ _____	\$ _____
Frequency of Payment	_____	_____
Gross Annual Income	\$ _____ per annum	\$ _____ per annum
Annual \$ Tax Free Amount	\$ _____ per annum	\$ _____ per annum
OR Annual % Tax Free Amount	_____ % per annum	_____ % per annum
Initial Investment	\$ _____	\$ _____
Commencement Date	_____ / _____ / _____	_____ / _____ / _____
Term (applicable for TAP's)	_____	_____

\* PLEASE PROVIDE A COPY OF YOUR MOST RECENT STATEMENT(S)

## Risk Insurance (including cover held within Super)

### Client 1

Insurer	Owner	Type	Benefit Amount	Annual Premium
_____	_____	<input type="checkbox"/> Life <input type="checkbox"/> TPD <input type="checkbox"/> Critical Illness <input type="checkbox"/> Income Protection <input type="checkbox"/> Other	\$ _____	\$ _____
_____	_____	<input type="checkbox"/> Life <input type="checkbox"/> TPD <input type="checkbox"/> Critical Illness <input type="checkbox"/> Income Protection <input type="checkbox"/> Other	\$ _____	\$ _____
_____	_____	<input type="checkbox"/> Life <input type="checkbox"/> TPD <input type="checkbox"/> Critical Illness <input type="checkbox"/> Income Protection <input type="checkbox"/> Other	\$ _____	\$ _____

### Client 2

Insurer	Owner	Type	Benefit Amount	Annual Premium
_____	_____	<input type="checkbox"/> Life <input type="checkbox"/> TPD <input type="checkbox"/> Critical Illness <input type="checkbox"/> Income Protection <input type="checkbox"/> Other	\$ _____	\$ _____
_____	_____	<input type="checkbox"/> Life <input type="checkbox"/> TPD <input type="checkbox"/> Critical Illness <input type="checkbox"/> Income Protection <input type="checkbox"/> Other	\$ _____	\$ _____
_____	_____	<input type="checkbox"/> Life <input type="checkbox"/> TPD <input type="checkbox"/> Critical Illness <input type="checkbox"/> Income Protection <input type="checkbox"/> Other	\$ _____	\$ _____

## General Insurance

Description	Insurer	Policy Type	Sum Insured	Premium	Renewal Date
Home			\$	\$	/ /
Contents			\$	\$	/ /
Vehicle 1			\$	\$	/ /
Vehicle 2			\$	\$	/ /
Investment/Business Property			\$	\$	/ /
Other (e.g. Professional indemnity, Business)			\$	\$	/ /

## Estate Planning

	Client 1	Client 2
Do you have a current Will?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Will	/ /	/ /
Date last reviewed?	/ /	/ /
Does the Will provide for a testamentary trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Trustee		
Do you have an executor in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a Power of Attorney in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any of the following Estate Planning issues applicable to either you or your partner?	<input type="checkbox"/> Likely to receive an inheritance \$	<input type="checkbox"/> Likely to receive an inheritance \$
	<input type="checkbox"/> Currently in a de facto relationship	<input type="checkbox"/> Currently in a de facto relationship
	<input type="checkbox"/> Have children from different relationship	<input type="checkbox"/> Have children from different relationship
	<input type="checkbox"/> Desire to omit spouse, child or financial dependant from the Will	<input type="checkbox"/> Desire to omit spouse, child or financial dependant from the Will
	<input type="checkbox"/> Potential beneficiaries in a vulnerable situation – ie. Financial trouble, handicapped, marital problems	<input type="checkbox"/> Potential beneficiaries in a vulnerable situation – ie. Financial trouble, handicapped, marital problems
Do you intend on leaving an inheritance to your dependants or other family members?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any of your children or other financial dependants under a legal disability or otherwise in vulnerable circumstances?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, Details:		

\* PLEASE PROVIDE A COPY OF ALL WILLS AND POWERS OF ATTORNEY CURRENTLY IN PLACE.

## Current entities

The following information will provide us with a brief summary of your current entities.



- |  |                              |                             |
|--|------------------------------|-----------------------------|
| Do you have a Self Managed Super Fund? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have a Private Company?         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have a Trust?                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have a Partnership?             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If "yes" to any of the above, please complete the Supplementary Form "Other Entities". Your Adviser can supply you this if required.

## Professional Advisers

In order to prepare your Statement of Advice (including a Financial Plan) we may need to contact some of your existing advisers to obtain more information about your particular situation.

Existing Adviser	Name	Contact Number	Business Name
Accountant	_____	_____	_____
Solicitor	_____	_____	_____
Stockbroker	_____	_____	_____
Banker	_____	_____	_____
Mortgage Broker	_____	_____	_____
Other	_____	_____	_____

How would you like me to work with these other advisers?

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The Information Release Form attached at the end of this questionnaire will need to be completed to enable us to gain access to your information, held by any of the above advisers. Please note that if there are any costs associated with obtaining information from any of the above advisers, we will pass these costs onto you as the client

## Section 2a – Debt Management

	Client 1		Client 2	
Are you comfortable in meeting your current mortgage or other debt repayments?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, please provide details	_____		_____	
Are you considering paying your debt sooner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
At what age are you planning to have all your debts repaid?	_____		_____	
Is your lifestyle debt:	<input type="checkbox"/> Increasing		<input type="checkbox"/> Increasing	
	<input type="checkbox"/> Decreasing		<input type="checkbox"/> Decreasing	
	<input type="checkbox"/> Staying the same		<input type="checkbox"/> Staying the same	
Does your home loan have an offset account or redraw facility?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you make extra repayments into your home loan or offset account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, how much do you have immediate access to?	\$ _____		\$ _____	
Would you consider making additional payments to reduce debts?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you able to direct all or part of your salary into your loan or offset account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, how much?	\$ _____		\$ _____	
Are there any fees or charges associated with variations to your loan repayments?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, provide details	_____		_____	
What is the interest free period associated with your credit cards?	_____		_____	
Do you pay off your credit card within the interest free period?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## Section 2b – Retirement Planning

### Superannuation Withdrawals

	Client 1		Client 2	
Have you previously withdrawn a lump sum amount from superannuation when you were between 55-60 years old?"	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "yes" how much and when	_____		_____	
	_____		_____	
	_____		_____	

### Retirement

	Client 1		Client 2	
At what age would you like to retire?	_____		_____	
If you are close to retirement, what is your planned retirement date?	_____/_____/_____		_____/_____/_____	
Is saving for retirement a low, medium or high priority for you?	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low		<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	
How much annual income (after tax) do you want in order to maintain your day to day lifestyle in retirement?	\$ _____		\$ _____	
Do you think you will have sufficient funds for your retirement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What sources of income do you expect to rely on in retirement? (eg. Superannuation, part-time employment, Social Security, etc)	_____		_____	
Which assets other than your superannuation are you planning to use to fund your retirement (eg. Shares, property, etc)	_____		_____	

### Living in retirement (applicable only for clients in retirement)

	Client 1		Client 2	
Is the current income you receive to live in retirement sufficient to meet your day to day expenses and lifestyle needs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Would you consider changing your lifestyle to ensure your funds last longer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you considering downsizing or freeing up capital in your home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Would you consider higher risk investment strategy to make your funds last longer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you wish to leave money or assets to your family or other beneficiaries when you die?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No



# Fixed Term or Lifetime Annuities/Pensions

(Lifetime, Life Expectancy, Employer, Public Service)

	Client 1	Client 2
Product/Fund Name	_____	_____
Pension Type	<input type="checkbox"/> Term Certain <input type="checkbox"/> Single Life <input type="checkbox"/> Joint Life <input type="checkbox"/> Complying <input type="checkbox"/> Non Complying <input type="checkbox"/> Super Annuity <input type="checkbox"/> Non Super Annuity	<input type="checkbox"/> Term Certain <input type="checkbox"/> Single Life <input type="checkbox"/> Joint Life <input type="checkbox"/> Complying <input type="checkbox"/> Non Complying <input type="checkbox"/> Super Annuity <input type="checkbox"/> Non Super Annuity
Pension Status		
Commencement Date	_____/_____/_____	_____/_____/_____
Initial Investment	\$ _____	\$ _____
Gross Annual Income	\$ _____ p.a.	\$ _____ p.a.
Term (if applicable)	_____ years	_____ years
Residual Capital Value (RCV)	_____ %	_____ %
Frequency of Payment	<input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly	<input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly
Annual Tax Free Amount	\$ _____ per annum	\$ _____ per annum

\* PLEASE PROVIDE A COPY OF YOUR MOST RECENT STATEMENT(S)

Commutations	Client 1	Client 2
Have you made a commutation from your retirement benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "yes" how much and when	_____ _____ _____	_____ _____ _____

## Section 2c – Risk Management

### Details of Your Health

	Client 1		Client 2	
Are you a smoker, or have you smoked in the last 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any health issues or currently receiving medical advice?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide details	_____		_____	
	_____		_____	

### Risk Management Requirements

	Client 1		Client 2	
Do you rely on paid employment to cover your expenses?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Upon whose income are you/your family dependent on to maintain your lifestyle needs? eg. To cover the mortgage and day-to-day living expenses	<input type="checkbox"/> You solely	<input type="checkbox"/> Your partner solely	<input type="checkbox"/> You solely	<input type="checkbox"/> Your partner solely
	<input type="checkbox"/> Both		<input type="checkbox"/> Both	
How would your family's lifestyle needs be maintained, if you or your partner were temporarily unable to earn an income? For example, through sickness/ illness?	_____		_____	
	_____		_____	
	_____		_____	

	Client 1		Client 2	
<b>Temporary Illness</b>				
1) In the event of prolonged or serious illness or accident, where between 0% and 100% would you want your income to be replaced?	_____		_____	
2) Would you want to provide a provision for medical costs and care? (yes/no)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3) Would you want to access to a patient advocacy / second opinion medical service? (yes/no)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4) Would you want the flexibility for your spouse to cease work for a period? (if applicable) (yes/no)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Permanent Disability</b>				
1) In the event of serious illness or accident resulting in permanent disablement, where between 0% and 100% would you want your income to be replaced?	_____		_____	
2) Would you want to provide a provision for medical costs and care? (yes/no)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3) Would you want the flexibility for your spouse/ family member to cease work, reduce their hours to provide ongoing care or would you seek external carer support? (if applicable) (yes/no)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4) Would you want to be mortgage (non deductible debt) free? (yes/no)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Unexpected Death**

- |  |  |  |
|--|--|--|
| 1) In the event that you or your spouse were to die unexpectedly, what standard of living would you like to leave for your family? (as well off/slightly better off/worse off) | <input type="checkbox"/> as well off<br><input type="checkbox"/> slightly better off<br><input type="checkbox"/> worse off | <input type="checkbox"/> as well off<br><input type="checkbox"/> slightly better off<br><input type="checkbox"/> worse off |
| 2) In the event of premature death, where between 0% and 100% would you want your income to be replaced?   | <hr/>  |  |
| 3) Would you want these funds paid to your family via a tax effective income stream if possible? (yes/no)  | <input type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 4) Would you want to provide a provision for terminal illness care so that this does not reduce death provisions for income?   | <input type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 5) Would you want to ensure your family is mortgage free? (yes/no)   | <input type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 6) Would you want the flexibility for your spouse to cease work for a period? (if applicable) (yes/no)   | <input type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |

## Section 2d – Risk Profile

When investing it is important that you consider the level of risk as well as the return on an investment in view of your circumstances and investment goals. Risk means different things to different investors. For some, investment risk means the likelihood of a loss of capital, while for others it is the level of volatility of an investment, or the risk of an asset not producing enough to live on.

By answering the following questions about your attitude(s) to investing, your financial adviser can assess your investment profile. This will help to establish the type of funds which may be appropriate for your investments.

**1. For how long would you expect most of your money to be invested before you would need to access it?**

- |  |    |
|--|----|
| <input type="checkbox"/> Less than 12 months   | 10 |
| <input type="checkbox"/> Between 1 and 3 years | 20 |
| <input type="checkbox"/> Between 3 and 5 years | 30 |
| <input type="checkbox"/> Between 5 and 7 years | 40 |
| <input type="checkbox"/> Longer than 7 years   | 50 |

Score
-------

**2. If you consider current interest rates what overall level of return (after inflation) do you reasonably expect to achieve from your investments over the period you wish to invest for?**

- |   |    |                               |    |
|---|----|-------------------------------|----|
| <input type="checkbox"/> A reasonable return without losing any capital * | 10 | <input type="checkbox"/> 1-3% | 20 |
| <input type="checkbox"/> 4-6%   | 30 | <input type="checkbox"/> 7-9% | 40 |
| <input type="checkbox"/> Over 9%  | 50 |                               |    |

Score
-------

**3. Assuming you had no need for capital, how long would you allow a poorly performing investment to continue before cashing it in (assuming the poor performance was mainly due to market influences)?**

- |   |    |   |    |
|---|----|---|----|
| <input type="checkbox"/> You would cash it in if there was any loss in value* | 0  | <input type="checkbox"/> Less than 1 year | 10 |
| <input type="checkbox"/> Up to 3 years  | 20 | <input type="checkbox"/> Up to 5 years    | 30 |
| <input type="checkbox"/> Up to 7 years  | 40 | <input type="checkbox"/> Up to 10 years   | 50 |

Score
-------

**4. How familiar are you with investment markets?**

- |  |    |
|--|----|
| <input type="checkbox"/> Very little understanding or interest   | 10 |
| <input type="checkbox"/> Not very familiar   | 20 |
| <input type="checkbox"/> Have had enough experience to understand the importance of diversification  | 30 |
| <input type="checkbox"/> I understand that markets may fluctuate and that different market sectors offer different income, growth and taxation characteristics | 40 |
| <input type="checkbox"/> I am experienced with all investment classes and understand the various factors that may influence performance.                       | 50 |

Score
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**5. There is generally a greater tax efficiency when investing in more volatile investments. With this in mind, which of the following would you be more comfortable with?**

- |  |    |
|--|----|
| <input type="checkbox"/> Preferably guaranteed returns, ahead of tax-savings                       | 10 |
| <input type="checkbox"/> Stable, reliable returns with minimal tax savings                         | 20 |
| <input type="checkbox"/> Some variability in returns, some tax savings                             | 30 |
| <input type="checkbox"/> Moderate variability in returns, reasonable tax savings                   | 40 |
| <input type="checkbox"/> Higher variability but potentially higher returns, maximising tax savings | 50 |

Score
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**6. What would your reaction be if six months after placing your investments, you discovered that due mainly to market conditions your portfolio had decreased in value by 20%?**

- Horror – Security of your capital is critical and you do not intend to take risks.\* 10
- You would cut your losses and transfer your funds to more secure investment sectors. 20
- You would be concerned, but would wait to see if the investments improve. 30
- This was a risk you understood – you would leave your investments in place expecting performance to improve. 40
- You would invest more funds to take advantage of the lower unit/share prices expecting future growth. 50

Score
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**7. Which of the following best describes your purpose for investing?**

- You have an investment time frame of over 5 years. You understand investment markets and are mainly investing for growth to accumulate long-term wealth, or are prepared to use aggressive investments to provide income. 50
- You are not nearing retirement, have surplus funds to invest and are aiming to accumulate long term wealth from a balanced portfolio. 40
- You have a lump sum (eg inheritance or a superannuation rollover payment from your employer) and you are uncertain about what sort of investment alternatives are available. 30
- You are nearing retirement and you are investing to ensure you have sufficient funds available to enjoy your retirement. 20
- You have some specific objectives within the next 5 years for which you want to accumulate sufficient funds. 20
- You want to provide a regular income and/or totally protect the value of your investment capital.\* 10

Score
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Your Score here determines your Investor Risk Profile. An explanation of the profile in relation to your score is detailed over page and will also be provided as part of your written recommendation.

Total Profile
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*\* If you have answered this question and your total profile score is greater than 100, then detail in the notes below your preference for a greater return against your preference for the protection of your investment capital.*

**Notes**

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Investor Profile	Benchmark Asset mix**
<b>Very Conservative “Cash” (0-100 Points)</b> May be suitable for investors with a short-term investment horizon or a very low tolerance for risk, seeking a return similar to cash rates.	100% Cash
<b>Conservative “Fixed Interest” (101-140 Points)</b> May be suitable for investors with an investment horizon of at least 3 years and a low risk tolerance, seeking higher than cash returns over the investment timeframe.	100% Defensive
<b>Moderately Conservative “Capital Stable” (141- 170 Points)</b> May be suitable for investors with an investment horizon of at least 3 years and a low to moderate risk tolerance, seeking regular income and the opportunity for some growth over the investment timeframe.	70% Defensive 30% Growth
<b>Moderate “Conservative Growth” (171-200 Points)</b> May be suitable for investors with an investment horizon of at least 3-5 years and a moderate risk tolerance, seeking a mix of income and growth over the investment timeframe from a well-diversified portfolio. This strategy suits investors aiming for a return higher than what is likely from a portfolio dominated by defensive assets but who want lower volatility than what a share fund would likely generate.	50% Defensive 50% Growth
<b>Assertive “Balanced” (201-250 Points)</b> May be suitable for investors with an investment horizon of at least 5 years and a moderate risk tolerance, seeking more growth than income over the investment timeframe. This strategy suits investors aiming for a return higher than what is likely from a more defensive portfolio but who want lower volatility than what a share fund would likely generate.	30% Defensive 70% Growth
<b>Moderately Aggressive “Growth” (251- 300 Points)</b> May be suitable for investors with an investment horizon of at least 5-7 years and a moderate to high risk tolerance, seeking a high exposure to growth assets.	15% Defensive 85% Growth
<b>Aggressive “Share” (301-350 Points)</b> May be suitable for investors with an investment horizon of at least 7 years and high risk tolerance, comfortable with a share portfolio dominated by Australian and international shares.	100% Growth

\*\* This demonstrates the benchmark Defensive/Growth asset mix for each investor profile. Defensive assets, such as cash and fixed interest are expected to grow at a slower rate over the longer term but are expected to experience less volatility. Growth assets, such as property and shares have historically grown at a rate greater than inflation over time and usually produce higher returns than defensive assets but can also demonstrate greater volatility in the short term.

**Notes**

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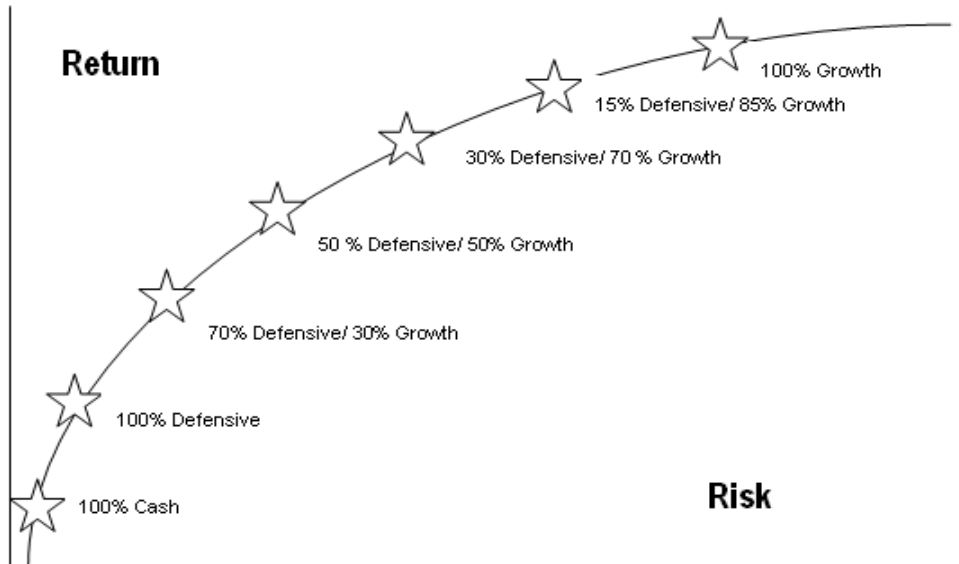
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# Risk & return discussion tools

Having an understanding of what you want your investments to achieve is an important part of the financial planning process.

You must be rational and ensure that your investments assist you in achieving your goals. To do this you must focus on **objective** and **time frame**.

## Risk Profile: Spectrum of Return/Risk (for illustrative purposes)



**Performance of Asset Classes 2001 - 2015**

Calendar Year	Cash	Australian Fixed Interest	International Fixed Interest	Listed Property	Australian Shares	International Shares
2001	5.3	5.5	8.3	14.6	10.5	-10.0
2002	4.8	8.8	11.6	11.8	-8.6	-27.4
2003	4.9	3.1	6.6	8.8	15.0	-0.8
2004	5.6	7.0	8.9	32.0	27.9	9.9
2005	5.7	5.8	3.8	12.5	22.5	16.8
2006	6.0	3.1	5.4	34.0	24.5	11.5
2007	6.8	3.5	6.6	-8.4	16.2	-2.6
2008	7.6	15.0	9.2	-54.0	-38.9	-24.9
2009	3.5	1.7	8.0	7.9	37.6	-0.3
2010	4.7	6.0	9.3	-0.4	1.9	-2.0
2011	5.0	11.4	10.5	-1.5	-11.0	-5.3
2012	4.0	7.7	9.7	33.0	19.7	14.1
2013	2.9	2.0	2.3	7.1	19.7	48.0
2014	2.7	9.8	10.4	27.0	5.3	15.0
2015	2.3	2.6	3.4	14.3	2.8	11.8
<b>Best 1 year return</b>	<b>7.6</b>	<b>15.0</b>	<b>11.6</b>	<b>34.0</b>	<b>37.6</b>	<b>48.0</b>
<b>Worst 1 year return</b>	<b>2.3</b>	<b>1.7</b>	<b>2.3</b>	<b>-54.0</b>	<b>-38.9</b>	<b>-27.4</b>
<b>15 year average return</b>	<b>4.8</b>	<b>6.2</b>	<b>7.6</b>	<b>9.3</b>	<b>9.7</b>	<b>3.6</b>

### Indices Used

Bloomberg [AusBond](#) Bank Bill Index (formerly the UBS Bank Bill Index)  
 Bloomberg [AusBond](#) Composite 0+ Yr Index (formerly the UBS Composite Bond All Maturities Index)  
 Barclays Capital Global Aggregate Index (Hedged into A\$)  
 S&P/ASX 200 A-REITs Accumulation Index  
 S&P/ASX 300 Accumulation Index (All [Ords](#) before 1/4/2000)  
 MSCI World ex-Australia NET  
 WHT

Source: Mercer, Morningstar

\* Illustrative purposes only. It is important to note that past performance is no indication of future performance.

## Section 2e – Direct Property

### Owning/Purchasing Direct Property (other than main residence)

Provide details of existing direct properties held.

Description			
Property Type	<input type="checkbox"/> Residential Investment Property <input type="checkbox"/> Commercial/Industrial	<input type="checkbox"/> Holiday Home <input type="checkbox"/> Vacant Land	<input type="checkbox"/> International Property
Owner	_____	Date Purchased	_____ / _____ / _____
Purchase Price	\$ _____	Depreciation	_____
Current Value	\$ _____	Actual Rental Income	\$ _____ per annum
Projected Rental Income	_____	Projected Capital Growth	_____ %
Depreciation Allowance	_____		
<b>Projected Ongoing Costs</b>			
Rates	\$ _____ per annum	Agent Fees	\$ _____ per annum
Land Tax	\$ _____ per annum	Insurance	\$ _____ per annum
Interest on Loans	\$ _____ per annum	Body Corporate	\$ _____ per annum
Other Tax	\$ _____ per annum	Other Relevant Holding Costs	\$ _____ per annum
Maintenance / Repairs	\$ _____ per annum		_____
<b>Total</b>			<b>\$ _____</b>

### Selling Direct Property

	<b>Property 1</b>	<b>Property 2</b>
Description	_____	_____
Expected Date of Sale	_____ / _____ / _____	_____ / _____ / _____
Expected Sale Price	\$ _____	\$ _____
Projected Disposal Cost	_____	_____
Agent Fees	\$ _____	\$ _____
Legal Fees	\$ _____	\$ _____
Subdivision Costs	\$ _____	\$ _____
Estimated Capital Gains Tax	\$ _____	\$ _____
Other Disposal Costs	\$ _____	\$ _____
<b>Total</b>	<b>\$ _____</b>	<b>\$ _____</b>

**Notes** \_\_\_\_\_

\_\_\_\_\_



# Section 2f - Self Managed Superannuation Fund

Fund Name \_\_\_\_\_

Tax File Number \_\_\_\_\_

*If you wish to disclose your Tax File Number, it will be necessary to complete and sign the "Option to Quote Tax File Number" that your Adviser will provide.* (Tick if completed)

Trustee (Company or Individuals) \_\_\_\_\_

Corporate Trustee ABN (if applicable) \_\_\_\_\_

Registered Address \_\_\_\_\_

Establishment Date \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Type of Fund

ATO SMSF

Small APRA Fund (SAF)

Non-complying S/F

## SMSF Member Details

Member Name	Current Balance	Regular Contributions	Pension / Accumulation phase (P/A)	Tax free component
1.	\$ _____	\$ _____	<input type="checkbox"/> Pension <input type="checkbox"/> Accumulation	\$ _____
2.	\$ _____	\$ _____	<input type="checkbox"/> Pension <input type="checkbox"/> Accumulation	\$ _____
3.	\$ _____	\$ _____	<input type="checkbox"/> Pension <input type="checkbox"/> Accumulation	\$ _____
4.	\$ _____	\$ _____	<input type="checkbox"/> Pension <input type="checkbox"/> Accumulation	\$ _____
Reserve Account	\$ _____			
LESS loans borrowed by fund	\$ _____			
<b>Total SMSF Funds</b>	<b>\$ _____</b>			

Please attach the relevant financial statements (eg Profit and Loss statements, Balance Sheet, Investment Strategy, Member Insurance Needs and previous tax return and audit.

**Notes:**

\_\_\_\_\_

\_\_\_\_\_

## Section 2g – Business Interests

Do you have business interests?

Yes

No

Entity

Client

Partner

Joint

Name Business(es) trading as:

---

Nature of Business(es):

---

---

Are you involved in running the business?

Yes

No

Structure of business?

sole trader

family trust

unit trust

partnership

company

Relationship of structures (if appl)

(eg. company is trustee of trust):

---

Name(s) of operating entity (if appl):

---

Net Value of Business:

\$

---

What is your shareholding in the  
business/company

---

Are other Family/Dependants involved in  
business?

Yes

No

If Yes, details:

---

Have you provided personal guarantees for  
business?

Yes

No

Details:

---

Does the business have an existing succession  
plan (buy/sell agreement) in place to protect your  
family and the business?

Yes

No

Have Business Succession issues been  
addressed?

Yes

No

When were Succession/Insurance issues last  
reviewed?

/ /

---

Details of Business Succession arrangements:

---

Additional Notes or Considerations

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## Section 3 – Our Acknowledgments

### Information in this form

The information provided in this form (Client Profile and any supplementary pages) is complete and accurate at the time of completion to the best of my/our knowledge (except where I/we have indicated that I/we have chosen not to provide the information).

I/We understand and acknowledge that by either not fully or accurately completing the Client Profile and any supplementary pages, any recommendation or advice given by the adviser in these circumstances may be inappropriate to my/our needs and that I/we risk making a financial commitment that may be inappropriate for the needs identified.

### Scope of our advice

**As agreed** the key advice areas that I/we require advice on are:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Managing my income and everyday spending                   | <input type="checkbox"/> Managing my debt (Mortgage, Investment Loans, Credit Cards) | <input type="checkbox"/> Protection of my family and assets                |
| <input type="checkbox"/> Investment Advice (Shares, Managed Funds, Direct Property) | <input type="checkbox"/> Gearing   | <input type="checkbox"/> Entity Advice (SMSF, Company, Trust, Partnership) |
| <input type="checkbox"/> Planning for Retirement (Superannuation and Pensions)      | <input type="checkbox"/> Estate Planning   | <input type="checkbox"/> Social Security                                   |

\*Please note, while you may only be seeking advice on certain aspects of your current situation, your adviser will discuss key advice areas that you should consider.

From the key advice area(s) ticked above, more specifically, what is it that you are seeking advice on?

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---

Please detail below if you do not want your adviser to consider certain aspects of your current situation:

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### Financial Services Guide

I/We have read and understood the Financial Services Guide version \_\_\_\_\_ dated \_\_\_\_\_ given to me/us on \_\_\_\_\_ prior to obtaining financial planning services and/or recommendations.

### Statement of Advice Preparation Fee

The fee for the preparation of the Statement of Advice has been set at \$ \_\_\_\_\_ and I/we authorise \_\_\_\_\_ to proceed on this basis.

### Authority for current Adviser

I/We authorise \_\_\_\_\_ of \_\_\_\_\_ to contact any of my/our existing advisers whose details I/we have provided.

### Receiving Documents Electronically

Where required, your financial adviser will provide you with and may refer back to the following documents:

- **Financial Services Guide (FSG)** provides information to enable you to decide whether to obtain financial services from us.
- **Statement of Advice (SoA)** sets out tailored strategic and/or product recommendations aimed at achieving your goals and objectives.
- **Understanding Series** provides generic educational information to help you make informed decisions on our advice to you.
- **Product Disclosure Statements (PDS)** in the event a financial product has been recommended. The PDS sets out general risks, features and fees of the product(s) being recommended to you.
- **Fee Disclosure Statement (FDS)** outlines the fees that we have received over a 12 month period, the services you expected and the services that we delivered.

Your adviser may provide you with these documents electronically unless you indicate below that you would like to receive these in printed form.

I/we wish to obtain the following documents in printed form:

## Information and Privacy Agreement

I/We agree that:

1. I am/we are to receive financial planning services from the adviser named in this Client Profile [**“adviser”**] and understand that my/our personal information (including any sensitive information such as health information and membership of professional organisations [**“sensitive information”**]) is being collected primarily for that purpose.
2. I/We acknowledge the privacy notification in the Financial Services Guide, that I/we have access to the Privacy Policy and understand that my/our personal information will be used and disclosed as outlined in the Policy available from my/our adviser.
3. I/We also consent to the disclosure of my/our personal information (including my/our sensitive information):
  - to organisations involved in providing my/our adviser with marketing services and to their service providers (for example posting services), so that my/our adviser may offer me/us products and services that might meet my/our financial needs; and
  - to other organisations in connection with the sale or proposed sale of all or part of the adviser’s business and to the use of that personal information by those organisations for those purposes.
  - to other professionals who may need to be engaged in order to implement certain components of my/our adviser’s business succession advice.
4. I/We also consent to the collection of my/our personal information for the purpose of my/our adviser providing the services stated above. This consent also relates to my/our sensitive information.
5. If I/we have provided personal information about an individual (such as a partner, dependant, employer or accountant) I/we have or will as soon as practicable, provide the individual with a copy of the **Financial Service Guide** which includes how you manage personal information and make them aware that this section applies to their personal information that has been collected for the purpose of my/our adviser providing me/us with the financial advice I/we have requested.
6. If I/we have provided sensitive information about someone else, I/we have or will obtain the consent of that person to that information being collected by my/our adviser and my/our adviser’s service providers.
7. I consent to the release of my personal information (including my sensitive information) to my spouse or partner.

Client 1 Signature \_\_\_\_\_

Date / /

Client 1 Name \_\_\_\_\_

Client 2 Signature \_\_\_\_\_

Date / /

Client 2 Name \_\_\_\_\_

Adviser Signature \_\_\_\_\_

Date / /

Adviser Name \_\_\_\_\_

# Authority to release information

PDD Wealth Management Pty Ltd ABN No: 18 601 364 032  
trading as PDD Wealth Management  
PO Box 2106, PORT MACQUARIE NSW 2444  
Phone: 02 6584 2177 Fax 026584 2133

GWM Adviser Services Limited  
Trading as Garven Financial Planning  
ABN 96 002 071 749  
Australian Financial Services Licensee Number 230692  
Registered Office at 105 – 153 Miller Street North Sydney NSW 2060

To the trustee/ manager of \_\_\_\_\_,

I, (BLOCK LETTERS) \_\_\_\_\_  
of, (BLOCK LETTERS) \_\_\_\_\_

Member number \_\_\_\_\_

Client date of birth \_\_\_\_\_

request that all relevant information on my investments, insurances, superannuation, bank accounts or other financial information be released, upon request to:

## Section A Adviser Details

Adviser\* Name \_\_\_\_\_

Including the following adviser's staff:

My adviser's contact details are as follows:

Address 1B /14 Short Street / PO Box 2106

Suburb Port Macquarie State NSW Postcode 2444

Telephone 02 6584 2177 Fax 02 6584 2133

Including the following administration staff:

Client Service Coordinator Kate Godman, Joanne Johnston, Chris Cheng

Associate Adviser Joshua Hamblin

Please also accept a photocopy or facsimile of this letter as authority, as the original will be held on file at the adviser's address above.

Yours faithfully,

Client Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

\* The adviser named above will only send this form to those institutions disclosed by the client and the information provided by those institutions will only be used for the preparation of financial planning services for the aforementioned client.

# Authority to release information

PDD Wealth Management Pty Ltd ABN No: 18 601 364 032  
trading as PDD Wealth Management  
PO Box 2106, PORT MACQUARIE NSW 2444  
Phone: 02 6584 2177 Fax 026584 2133

GWM Adviser Services Limited  
Trading as Garven Financial Planning  
ABN 96 002 071 749  
Australian Financial Services Licensee Number 230692  
Registered Office at 105 – 153 Miller Street North Sydney NSW 2060

To the trustee/ manager of \_\_\_\_\_,

I, (BLOCK LETTERS) \_\_\_\_\_  
of, (BLOCK LETTERS) \_\_\_\_\_

Member number \_\_\_\_\_

Client date of birth \_\_\_\_\_

request that all relevant information on my investments, insurances, superannuation, bank accounts or other financial information be released, upon request to:

## Section A Adviser Details

Adviser\* Name \_\_\_\_\_

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Yours faithfully,

Client Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

\* The adviser named above will only send this form to those institutions disclosed by the client and the information provided by those institutions will only be used for the preparation of financial planning services for the aforementioned client.

## Option to Quote Tax File Number

Most investment bodies and superannuation bodies<sup>1</sup> ask their customers to provide Tax File Numbers (TFN). This form explains the reasons why they do. As you will be receiving ongoing service from GWM Adviser Services Limited, this form also lets you authorise **GWM Adviser Services Limited** to:

- a) hold your TFN, and/or details of your exemption status, in our records; and
- b) disclose your TFN to authorised bodies in connection with your current or future investments.

## Why investment and superannuation bodies ask for your TFN

You are not required to provide us or any other body with your TFN and it is not an offence if you choose not to do so. However, if you do not quote your TFN or exemption status to an investment body, superannuation body or approved deposit fund (as applicable):

- tax will be deducted from your income distributions at the highest marginal rate;
- you may pay more tax on your superannuation benefit than you have to (you will get a refund at the end of the financial year in your income tax assessment);
- your super fund is generally required to reject your non-concessional (after-tax) contributions;
- your concessional (pre-tax including employer) super contributions may be taxed at 46.5%; and
- it may be more difficult to find your superannuation benefits if you change address without notifying your fund, or to amalgamate any multiple superannuation accounts.

## You may be exempt from the TFN quotation requirements

Some persons/entities are exempted from the TFN quotation arrangements, if the exemption status is notified to the investment body:

<ul style="list-style-type: none"><li>• Persons receiving any part of an age, service, widow pension or other types of qualifying pension/benefit</li></ul>	<i>state type of pension/ benefit received.</i>
<ul style="list-style-type: none"><li>• Children under the age of 16, where the investment is NOT public company share/s and the income will be less than \$420 pa</li></ul>	<i>state age.</i>
<ul style="list-style-type: none"><li>• Entities not required to lodge income tax returns</li></ul>	<i>state reason not required to lodge return.</i>
<ul style="list-style-type: none"><li>• Non-residents</li></ul>	<i>state country of residence.</i>

## You can authorise us to hold and disclose your TFN

Taxation laws generally prohibit the collection, use and disclosure of TFNs. However, an investment body may be informed of a TFN by a person acting on behalf of another person.

If you do not provide us with your TFN and you wish to quote your TFN on investment and/or superannuation application forms, you will need to bring your TFN with you when calling into our office to complete these documents.

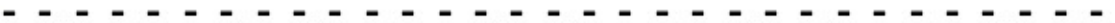
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<sup>1</sup> In the case of loans or deposits, financial institutions, governments and bodies corporate are 'investment bodies'. 'Investment bodies' also include managers of unit trusts, and companies. Superannuation trustees and approved deposit funds are authorised to collect TFNs under superannuation law. This is for purposes including paying out monies and identifying and consolidating superannuation benefits.

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**Detach this page before storing, copying or scanning.**



## Your Election

Please record your TFN, and/or exemption status, at the bottom of this page.

I instruct **GWM Adviser Services Limited** to hold my Tax File Number in their records. I authorise **GWM Adviser Services Limited**, or other recipients approved by **GWM Adviser Services Limited**, to disclose my TFN, or exemption status, to me, the Australian Taxation Office, investment bodies, superannuation bodies, and approved deposit funds.

I acknowledge that:

- I have read and understood the information above; and
- this authority will remain in force until cancelled by me in writing.

If signing under Power of Attorney, I certify that I have not received notice of revocation of that Power.

Full name of client 1 (individual/entity)

Full name of client 2 (individual/entity)

Address

Client 1  
Signature

Client 2  
Signature

Company Seal  
(if applicable)

Client 1 Tax File Number:

Client 2 Tax File Number::

My exemption status is (if applicable):